



CONFIRMATION OF INSURANCE		
Client Name	D & P Reinforcements Ltd &/or DP Civils & Geotechnical Ltd	
Client Address	67 Hill Barton Rd, Exeter, Devon, EX1 3PW	
Occupation/Type Of Business	Concrete, Formwork, Groundworks, Steel Fixing, Steel Reinforcement	
Interested Parties		
SECTION A - CONTRACTORS LIABILITY		
Primary Insurer	HCC International Insurance Company PLC	
Policy Number	DOU/00003130/CONC/00/23	
Excess of Loss Insurer	AXA XL Insurance Company UK Limited	
Policy Number	DOA/XOL/7154048	
Period	4 <sup>th</sup> July 2023 to 3 <sup>rd</sup> July 2024	
A1 – EMPLOYERS LIABILITY		
Limit Of Indemnity ( <i>any one accident</i> )	£10,000,000	
A2 – PUBLIC LIABILITY		
Limit Of Indemnity ( <i>any one accident</i> )	£10,000,000	
Excess ( <i>each &amp; every claim including costs and expenses</i> )	£1,500	
A3 – PRODUCTS LIABILITY		
Limit Of Indemnity ( <i>any one accident and in all</i> )	£10,000,000	
Excess ( <i>each &amp; every claim including costs and expenses</i> )	£1,500	
SECTION B – PROFESSIONAL INDEMNITY		
Primary Insurer		
Policy Number		
Period		
Limit of Indemnity (In the Aggregate)		
Deductible ( <i>each &amp; every claim</i> )		
SECTION C – CONTRACTORS ALL RISKS		
Insurer	HCC International Insurance Company PLC	
Policy Number	DOU/00003130/CONC/00/23	
Period	4 <sup>th</sup> July 2023 to 3 <sup>rd</sup> July 2024	
Limit Of Indemnity ( <i>any one contract</i> )	£700,000	
Limit Of Indemnity ( <i>own plant – total sum insured</i> )	£102,000	
Limit Of Indemnity ( <i>hired in plant – single item limit</i> )	£150,000	
Limit Of Indemnity ( <i>employee tools</i> )	£5,000 (£1,000 per employee)	
Excess ( <i>each &amp; every claim</i> )	£1,000 decreasing for employee tools to £100.	
SECTION D – NOTES		
<p><b>To Principal</b> All Policies in force up to stated Renewal Dates General Principals' Clause &amp;/or equivalent included Subject to Policy Terms, Conditions &amp; Exceptions The above is correct at the date of signing Alterations/Cancellations may occur during the period</p>	<p><b>To Contractor</b> This document is sufficient evidence to your principal of the existence of the above insurance arrangements Please retain this original form and send copies to any principals</p>	<p><b>Date: 05/07/2023</b> <b>Signed</b> <i>J. Malpass</i></p>